

# CONTINUING EDUCATION REQUEST FOR NON TRADITIONAL APPROVAL

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**For prompt evaluation and credit determination, this form must be completed in its entirety. A separate form must be submitted for EACH course.**

Contractor Name: \_\_\_\_\_ Certification No. \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_  
Home Business

Company Name: \_\_\_\_\_

## CONTINUING EDUCATION COURSE DESCRIPTION:

Class Title: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date Class Taken: \_\_\_\_\_ Continuing Education Hours: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**You must include a copy of the following information in order to have this request reviewed for approval:**

- **Program, brochure or other information which provides a description of the course.**
- **Instructor's credentials or resume.**
- **Proof that you attended the course.**

The completed form and required information should be forwarded to:

Board of Heating and Air Conditioning Contractors  
100 North Union Street, Suite 630  
Montgomery, Alabama 36130

(334) 242-5550  
(866) 855-1912 (Toll-Free)  
(334) 353-7050 (Fax)